

PUBLIC HEALTH NOTES

Abstracts by D. GREENE, M. D., JAMES A. TOBEY and HOMER N. CALVER.

Laymen in Public Health Work.—Public-health work is so largely influenced—it may almost be said, dominated and controlled—by the laity, organized into many special and uncorrelated or imperfectly correlated groups, local, national, and even international, that it is no small wonder that many in the medical profession view the future with no little concern. These organizations are themselves but the offspring of public opinion, and they are found in the long run to influence public opinion. Such being the case, no one can gainsay the fact that lay organizations for the protection and promotion of public health—meaning thereby organizations into which the physician enters on the same basis as a layman—are bound materially to influence the future evolution of the medical profession, for good or for ill.

Unfortunately the organized medical profession as represented by the great national, state and county societies has either not concerned itself with the situation at all or else has not fully occupied the field, so that physicians who have interested themselves with respect to the situation have done so even as individuals, or in small groups that can hardly be said to represent fairly the medical profession at large; and too often the cause of the medical profession generally has been injured by the tactics of such detached workers and detached groups. It may well be urged, therefore, that the profession as a whole undertake seriously a study of the causes of existing conditions in so far as they may be liable to react harmfully on the future development of the medical profession, adopt a program of its own that is designed to correct such evils as may now exist, to prevent similar evils or others in the future, and devise proper agencies to procure the adoption of such a program by the laymen and lay-organizations operating in the field of public health.—*Monthly Bulletin*, City of Boston Health Department, March, 1921.—(J. A. T.)



A Congressional Tribute to Heroes of Health.—The House of Representatives was recently discussing a bill to pension the widow

of Warren G. Jernegan, who, as a soldier, assisted in the discovery of the prevention of yellow fever, under Reed, Carroll, and Lazear, by submitting to various experiments. Mr. Reed, of West Virginia, spoke as follows:

"Mr. Speaker, I am bound to admit that this bill presents something different from the ordinary pension. It is true that we have a large pension roll already. The Government has very properly pensioned men who have carried our flag to victory, carried it for the preservation of the Government, of American institutions, and for the safeguarding of American civilization. The glory and grandeur of our country is, after all, found in the health, strength and the efficiency of its men and women. We hope there will be no more wars. We fervently pray that the peace conference about to meet will bring about an era of universal peace, and then, instead of pensioning the heroes of war, it will be the heroes of peace that will claim our attention; those heroes who may voluntarily give their lives that the race may grow stronger and greater. Such awards as this bill proposes present a different appeal to our generosity, and this Government can well afford to go on record as favoring a liberal policy towards its citizens who offer themselves for this unselfish kind of service. Let us hope that the American heroes of the future may be heroes of peace, heroes who give themselves that the race may be strengthened and human diseases eliminated.

"The science of medicine, Mr. Speaker, is yet in its infancy. A great deal has been accomplished. We have a wonderful America, but it would be a mighty poor America if it were peopled by a race of invalids. The wealth of America is not to be measured by her great cities, fertile farms, railroads, institutions, and industries. The real wealth of America is the health, strength and character of her men and women. The men who offer themselves as martyrs for the advancement of medical science ought to be recognized, and this Congress will make no mistake in passing this bill and by its action to-day saying, 'Thus do we honor the heroes in the interest of humanity and progress.' There will

never be many awards of this nature and it cannot be maintained that the precedent is unwise." (Applause).—(J. A. T.)

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The Dental Hygienist.—As the interest in oral hygiene progresses and the number of dental hygienists increase, there is a growing difference of opinion in regard to the work and training of a dental hygienist. Some advocate: (1) nothing but cleaning and teaching oral hygiene; (2) cleaning and assisting in dentistry and oral surgery; (3) nothing but teaching general and dental hygiene and nutrition.

The title may be influenced by the type of work to be done, "dental hygienist" signifying oral prophylactic work or instruction exclusively in dental hygiene, "dental nurse" signifying dental assistance similar to that given by medical or surgical nurse, or work comparable to that of a public-health nurse. One working exclusively in dental and general hygiene and nutrition could well be called a "dental social service worker."

The order of the importance of the dental hygienist's work appears to be as follows: (1) in public clinics and institutions; (2) in private offices; while the type of work in each may be classified as (a) oral prophylaxis; (b) oral health instruction; (c) assisting in dental practice.

The Forsyth Dental Infirmary in its Training School has held to the broad view of giving general training and experience in all phases of work which might be done by the dental hygienist. Thus far this has been a source of satisfaction inasmuch as its graduates are fitted to do anything or everything which might be considered the work of a dental hygienist. This appears to be a conservative plan until such a time as there is a more unanimous opinion as to what should be her particular field. But whatever is done, to accomplish the most and in the most logical way the dental hygienist will follow the dental profession, and whatever it stands for in ten or twenty-five years will determine the type of work of the dental hygienist of that day.—Dr. H. DeW. Cross in the *Dental Hygiene News Letter*, (California), Aug., 1921.—(J. A. T.)

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Nutritional Value of Soft Drinks.—The four classes of soft drinks are:

1. Those compounded from artificial flavors and coloring matter, and artificially sweetened.

2. Those compounded as above, and sweetened with sucrose.

3. Drinks compounded from fruit juices or syrup, with or without the addition of sucrose.

4. Drinks compounded from syrup containing stimulants such as caffeine.

The drinks of class one are now practically eliminated. The examination of a large number of bottled drinks in the second class indicated that the sugar contained in the individual bottles varied from five tenths to nine tenths of an ounce, and their food value lies mainly in this added sugar. In addition to the sugar, the drink often contains acids, chiefly citric, having a certain therapeutic and hygienic value. Drinks in class three are by far the most valuable of all from the nutritional standpoint, because in addition to the calories furnished by the added sugar, they contain no inconsiderable amount of fruit juices. The chief beverage in the fourth class is Coca Cola, the basis of which is a syrup consisting of about one half sugar, one third water, with less than one per cent of phosphoric acid, and the caffeine contained being from 0.92 to 1.30 grains per fluid ounce. The syrup also contains small quantities of caramel, glycerine and lime juice, essential oils and plant extractives. The author states that it would be somewhat foolish to condemn the use of Coca Cola because it contains caffeine when this same alkaloid is found in tea and coffee. All statements relative to the nutritional value of bottled soft drinks are based on the assumption that the products are manufactured under clean and sanitary surroundings.—Jaffa, *Bull. Cal. State Bd. of Health*, July, 1921.—(H. N. C.)

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Diphtheria Control.—While there has been a marked advancement made in the treatment of diphtheria with a corresponding decrease in the mortality rate since the introduction of antitoxin, there has not been the reduction in the morbidity that might reasonably have been expected. This constant high incidence becomes more remarkable when it is realized that all necessary laboratory aid and epidemiologic knowledge is at hand to prevent and control diphtheria outbreaks.

Reaching beyond this, however, is our knowledge of the Schick test for the determination of those susceptible to diphtheria

infection, and of the toxin-antitoxin mixture for the immunization of the nonimmune.

In spite of the fact that all agencies necessary for the eradication of diphtheria from the community are available, we still have the infection mostly in endemic form. A careful study of the various factors entering into our failure to make much progress in the prevention of diphtheria brings to light the fact that not sufficient intensive work is done by public-health authorities, save under epidemic conditions. Little or no effort is expended to find the source of infection in the sporadic case; and carelessness in culturing for release of quarantine adds many cases to our yearly total. Often effort is directed to the school-age group, with resulting school cultures, while perhaps the pre-school-age group is far more likely to be the source of infection.

What is the remedy for this condition?

1. Education of physicians and the laity to the fact that all agencies are available for the immunization of the susceptible, and for the diagnosis and the treatment of the disease.

2. Intelligent study and treatment of the "carrier" or, perhaps more correctly, the "missed case."

3. Education of the laity to the fact that diphtheria is often insidious in onset and mild in course, and recovery is uneventful for the patient, yet serves as the focus of multiple infections of a far more virulent type.

4. Education of local health officers as to the necessity of intensive investigation of the source of each case, and of the necessity of immunizing other members of the infected household.—B. W. Carey, *Jour. A. M. A.*, Aug. 27, 1921, 668.—(D. G.)



Seasonal Variation of Rickets.—Hess and Unger show that milk from pasture-fed cows (summer milk) failed to prevent the development or to decrease the incidence of rickets during the winter. On the other hand, treatment with ultraviolet rays or with sunlight brought about calcification of the bones during the winter as demonstrated by means of the roentgen rays. These contrasting results lead to the conclusion that hygienic factors, especially sunlight, and not dietetic factors, play the dominant rôle in the marked seasonal variation of this disorder.—A. F. Hess and L. J. Unger.—*Amer. Jour. Dis. Children*, Aug., 1921, 186.—(D. G.)

Results of Prenatal Care.—The author describes the results of prenatal care based on 1,000 consecutive deliveries. A low infant mortality rate was obtained, and that this low rate is due largely to prenatal care is shown by a comparison of 3 series of cases. Series 1 consisted of 1,000 cases under prenatal supervision. The mortality rate in this series was 2.5 per cent. Series 2 consisted of 1,000 cases under nursing supervision of the Visiting Nurses Association with no systematic medical supervision, and the mortality rate in this series was 4.7 per cent. Series 3 consisted of 1,000 cases in which there was no prenatal care. The mortality rate in this series was 7.9 per cent.—A. C. Beck, *Jour. A. M. A.*, Aug. 6, 1921, 457.—(D. G.)



Incidence of Hereditary Syphilis.—This study represents an attempt to make an estimate of the incidence of syphilis based on a representative group of unselected individuals in St. Louis. An analysis of the placenta and the Wassermann reaction on the umbilical cord blood was made on a series of 2,030 unselected infants. By examining the blood of 389 of these infants after 2 months of age, it was determined that the proportion of cases of hereditary syphilis that could be certainly diagnosed by placental examination alone was 27 per cent, while from the Wassermann reaction on the cord blood, 63.6 per cent of the cases could be recognized. By applying these two methods to the entire series the number of cases of hereditary syphilis in the whole group was determined. The incidence of hereditary syphilis established by this method is 15 per cent in the colored race, 1.8 per cent in the poor of the white race, and less than 1 per cent in the well-to-do social classes. By applying these figures to the entire population of St. Louis, it is estimated that the incidence of hereditary syphilis at birth in this city is 3 per cent, of which the colored population, although only 9 per cent of the total, contributes approximately half the cases.—P. C. Jeans and J. V. Cooke, *Amer. Jour. Dis. Children*, Oct., 1921, 402.—(D. G.)



Botulinus Infection of Canned Spinach.—*Bacillus botulinus*, Type A, is able to multiply and to produce its characteristic toxin in canned spinach, although the development of the organism in this food product was found

to be somewhat irregular. In some instances, there was evidence of a rapid multiplication, while in others there was apparently neither growth nor toxin formation. In all of the latter cases, however, the organism was found to be viable. A temperature of 37 C., as contrasted with room temperature, accelerated the development to a certain extent. When multiplication had progressed readily, 0.5 c.c. of the spinach juice per os proved sufficient to kill guinea-pigs, usually within eighteen hours.

The growth of *B. botulinus* in canned spinach is accompanied by the evolution of gas as well as by the elaboration of the specific toxin. In only one instance had toxin formation advanced to such a stage as to produce a fatal result, while at the same time gas production either had not occurred or was insufficient to cause bulging of the can.

Of 174 samples of canned spinach taken from suspected lots, *B. botulinus* or its toxin was found in six. In every case, the organism was of the A type. These six toxic cans were all "hard swells," and when opened the odor was distinctly offensive.

The destruction of foodstuffs deemed to be abnormal, either by appearance of the containers or by the odor, should prevent the greater number of the outbreaks of botulism. From the public-health aspect of the problem, the last point is of especial importance.—S. A. Koser, R. B. Edmondson and L. T. Giltner, *J. A. M. A.*, Oct. 15, 1921, 1250.—(D. G.)



Etiology of Diabetes.—The records of 229 diabetic patients have been analyzed by Mitchell with a view to suspected etiologic agencies. His study is based on 116 diabetics who could give reasonably trustworthy statements concerning diseases in their grandparents (exceptionally the great grandparents), parents, uncles and aunts, cousins, nephews and nieces, and children. It is known that some races and families are specially subject to infectious or toxic damage of certain viscera; the lesions are readily revealed by necropsies, and clinical histories show the high frequency of the hereditary association. When an individual, with or without hereditary susceptibility, becomes potentially diabetic through pancreatic injury, overeating (perhaps of carbohydrate especially) and obesity contribute to increase this tendency and develop an active diabetes, while abstemious living may keep the disorder latent throughout life. Because

the degree of pancreatic damage which suffices for active diabetes in an obese person is insufficient for producing it in a thin person, diabetes developing in thin persons is generally more severe than that which occurs in the obese. Prevention of diabetes, even in the susceptible families, may be expected more and more from prevention of the primary cause, through prevention and improved treatment of infections. Avoidance of gluttony (in carbohydrate or other food) and of obesity Mitchell says may be expected to prevent a large proportion of latent cases from developing. Precautions against infections (early removal of threatening foci in teeth, tonsils, appendix, gall-bladder, etc.) and against dietary excesses are most important in the members of predisposed families.—J. W. Mitchell, *Med. Record*, Oct. 1, 1921, 575.—(D. G.)



Looking Glasses in Schools.—To encourage cleanliness and tidiness among school children Dr. D. J. Thomas, M.O.H., and Dr. Z. M. Scruby have recommended to the Acton education committee that mirrors should form part of the ordinary school equipment. They write: "A looking-glass has a very distinct educational value, and the more careless the home, the more profitable it is that a looking-glass (if one is found at all) will be only a few square inches in size. The consequence is that children who are frequently reprimanded for their untidiness and dirtiness scarcely ever see themselves, and so lose the strong personal incentive to improvement which they might gain if they had the opportunity of contrasting their own untidy appearance with the neatness of many of their school-fellows."—*Med. Officer*, Oct. 1, 1921, 152.—(D. G.)



Maternity Center Association Routines.—The Maternity Center Association, 370 Seventh Avenue, New York City, has recently issued a circular, "Routines of the Maternity Center Association," which gives valuable data concerning maternity and infant welfare. The subject matter is classified under the following heads: (1) Clinic Routine, including the subjects of nurse's duties; doctor's duties as outlined on doctor's record; duties of clinic assistants; (2) Clinic Equipment Standard; (3) Routine for Prenatal Visits; (4) Contents of Nurse's Bag; (5) Advice for Mothers,

on such subjects as diet, sleep, exercise, bathing, constipation, mother's supplies, baby's supplies; (6) Routine of Postnatal Follow-up Work. The pamphlet also contains illustrations of garments and other articles necessary for the baby, as well as model forms on which to keep both the baby's record and the maternity record.



Medical and Health Education in China.—

The formal dedication of Peking Union Medical College, which has been erected and is being maintained by the Rockefeller Foundation, filled the week of September 15-22. The program included clinic sections; sectional meetings in general medicine, general surgery, obstetrics and gynecology, pathology, ophthalmology, otolaryngology and neurology; and papers and addresses by some of the best known medical authorities of the Orient and Occident.

Concerning the work of the Foundation and conditions generally in China, Mr. Edwin R. Embree, secretary of the Rockefeller Foundation, who has recently returned from four months in the Orient, says:

"If anyone doubts the benefits of vaccination and of health regulations in general he should visit such a country as China and see the appalling results of the total lack of scientific attention to public health. Smallpox patients, with the disease in an active state, go freely about the streets, with the natural consequence that the sickness and death-rate from this disease is terrific; typhoid fever, which is being eliminated in the United States by the sanitation of water and milk supplies, is rampant in China; blindness, trachoma, and other diseases of the eye are everywhere in evidence on the city streets; anemia resulting from hookworm and other intestinal parasites seems to be well nigh universal. No one who has not seen the disease, suffering, and death among a people which neglects public health can realize the tremendous advance which has been made in America and Northern Europe through diligent, painstaking and scientific efforts towards disease control.

"The great new medical school in Peking, which has been established by the Rockefeller Foundation as a part of its program of public health and medical education throughout the world, is designed to be a demonstration in medical education and scientific approach to problems of health and disease for the entire

Far East. Its results will be measured not so much by the number of medical practitioners it turns out as by the standards it sets and the quality of the leaders and teachers which it trains for service in other institutions throughout China.

"The faculty of the College and the staff of the hospital have been assembled from America, Canada, and England, and from the increasing number of promising Chinese scientists.

"The buildings, begun in 1917 and completed this summer just in time for the dedication, are sixteen in number, including in the principal group laboratories, hospital wards, an outpatient department, classrooms, an auditorium, a nurses' home, a power plant and accessory structures. The buildings of this modern medical plant, erected on the palace grounds of an old Manchu prince, are in the classic Chinese architecture, brilliant with symbolic painting on woodwork and porches and protected by great green roofs with broad, overhanging eaves. The interiors, however, of both laboratories and wards represent the most modern development in Western building and equipment."

Mr. Embree spoke optimistically of the progress of science in China. "One must expect results to come slowly in so great and so conservative a country," he said, "but the signs of advancement are definite and sure. While the next few years are evidently going to be filled with the greatest difficulties for China politically and economically, if she can make satisfactory progress in science and education there need be no doubt of her future."

In addition to the maintenance of the college and hospital in Peking, Mr. Embree pointed out that the Rockefeller Foundation is assisting thirty-one hospitals and medical institutions throughout Eastern and Central China, and is furnishing fellowships for advanced study in America and England to fifty Chinese and foreign physicians and nurses who are to return for institutional and teaching service in China.

Dr. W. W. Peter, Secretary of the Council on Health Education, Shanghai, China, one of the speakers at the dedication of Peking Union Medical College, in his address on "Methods of Visualizing Modern Health Ideas," stated that the keynote of the educational work which had been presented to approximately 600,000 people had been the demonstrated lecture,

"Some Relations Between National Health and National Strength." He summarized conditions and some of the methods of educational work in China as follows: (1) Before modern health practices will be accepted by the Chinese people who do not understand them, general health education work is of prime necessity. (2) Because the Chinese and foreign conceptions of health subjects differ so widely, special methods have to be devised to interpret modern health ideals to suit the Chinese mind. (3) It has been found of some value to use three dimension moving apparatus built on a large scale with each piece of apparatus designed to visualize one idea. In the demonstration of this apparatus use has been made of well known citizens in the audience. (4) After a general presentation of some of the relations between national health and national strength, a practical program with its special appeal to the local community has been presented.



Conference on Infant Welfare.—The Second English-Speaking Conference on Infant Welfare was held in London, July 5-7, 1921, under the auspices of the National League for Health Maternity and Child Welfare. Six hundred delegates representing twenty-six English-speaking countries were in attendance. The United States Public Health Service, the American Public Health Association, and the American Child Hygiene Association were represented by Dr. Taliaferro Clark, surgeon of the United States Public Health Service.

The Conference was held during the celebration of the National Baby Week, in connection with which an interesting display of exhibits and posters relating to the welfare of mothers and babies had been prepared. This exhibit, together with daily demonstrations on the care of the baby and free consultations and advice on the health of mothers and young children, was available to visiting delegates. In addition, during the Conference, by special arrangement, numerous infant welfare centers, resident institutions for mothers and babies, day nurseries and nursery schools were open for inspection by the delegates.

The question of residential provision for mothers and babies occupied the first day's sessions, the following papers being pre-

sented: Maternity Homes, Dr. Janet Campbell, senior medical officer, Ministry of Health; Provision for Blind Babies, Miss E. Walker Finlay, representing the National Institute for the Blind; Provision for Ailing Children, Dr. C. J. McAlister, honorary physician to the Royal Liverpool County Hospital for Children; The Value of Wards for Ailing Infants, Dr. H. B. Gladstone, medical officer to the Sydenham Babies' Milk Depot, Clinics and Hostel; Provision for Unmarried Mothers and Their Babies, Mrs. Cyril Smithett, representing the National Council for the Unmarried Mother and Her Child; Accommodation for Mothers and Infants under the Poor Law, Miss M. E. Broadbent, manager of the Metropolitan Asylums Board; Some Economic and Administrative Aspects of the Problem of Residential Provision for Mothers and Babies, Miss J. Halford, secretary, National League for Health, Maternity and Child Welfare.

On the second day of the Conference the program was given over to "The Supply of Milk: Its Physiological and Economic Aspects." The following papers were read: The Milk Supply, Nathan Straus, founder of the Infant Milk Depots of the United States; Milk in Its Economic Aspects, Dr. Stenhouse Williams, director, National Institute for Research in Dairying; The Production of Clean Milk from a Producer's Point of View, Mr. F. Arnold Lejeune, manager, Grade A (Certified) Dairy, Lord Raleigh's Dairy Farms; Supply of Milk to Expectant Mothers, Nursing Mothers and Infants, Dr. E. W. Hope, M. O. H. for Liverpool; Sources of Milk for Babies—Maternal Milk and Goats' Milk, Dr. A. Dingwall Fordyce, physician, Royal Liverpool County Hospital for Children; The Physiological Aspect of the Milk Supply, Dr. J. C. Drummond, lecturer in physiology, University College, London; Some Biological Aspects of Milk Feeding, Dr. Harold Waller, medical officer to the Royal College of Saint Katharine.

The final day of the Conference was given over to the discussion of "Inheritance and Environment as Factors in Racial Health." The following papers were given: Inheritance and Environment as Factors in Racial Health, Dr. Helen MacMurchy, chief of the

Child Welfare Division of the Department of Health of Canada; The Influence of Weather Conditions on Mortality and Morbidity in Early Infancy, Dr. Frederick Hoffman, third vice-president and statistician of the Prudential Insurance Company of America; The Antenatal Factors of Life and Death: Genetic, Toxigenetic, Gestational and Obstetric, Dr. C. W. Saleeby, chairman of the National Birth-Rate Commission; Ignorance as a Dominant Factor in Infant Mortality in Poland, Miss McConnell; A Comparison between Working-Class Mothers and Those of the Educated Classes, from the Point of View of Difficulty in Labor and Lactation, Dr. Gordon Ley, gynecologist, Hempstead General Hospital, and assistant obstetric surgeon, City of London Maternity Hospital; Syphilis as an Antenatal Factor in Racial Health, Dr. J. H. Sequeira, physician, Skin Department, London Hospital.

At a special medical session, organized by the Society of Medical Officers of Maternity and Infant Welfare Centers, the subject for discussion was "The Uses and Abuses of Dried Milk."

The Conference gave unmistakable evidence of the realization of the English-speaking people of the necessity and importance of conserving maternal and infant life, and brought out that fundamentally the solution of the problems of child hygiene in other English-speaking countries is the same as in America. A number of the papers indicated that the British Government is more liberal with appropriations for child health work than is the case in the United States, and also that there exists in England a closer coördination than in the United States of the activities of volunteer associations with the activities of official agencies.—Condensed from report by Dr. Taliaferro Clark, Surgeon, U. S. Public Health Service.



Mortality Statistics for 1920.—The Department of Commerce announces that the Census Bureau's annual report on mortality statistics, which will be issued shortly, shows 1,142,578 deaths as having occurred in 1920 within the death registration area of continental United States, representing a death-rate of 13.1 per 1,000 population as compared

with 12.9 in 1919, which was the lowest rate since the registration area was established in 1900.

The death registration area (exclusive of the territory of Hawaii) in 1920, comprised 34 states, the District of Columbia, and 16 registration cities in non-registration states, with a total estimated population on July 1, of 87,486,713, or 82.2 per cent of the estimated population of the United States. The state of Nebraska was added to the registration area in 1920, so that at present the only states not in the area are Alabama, Arizona, Arkansas, Georgia, Idaho, Iowa, Nevada, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, West Virginia, and Wyoming. The figures for the territory of Hawaii will appear in the report, but they are not included in this summary.

The death-rate from pneumonia increased from 123.5 per 100,000 in 1919 to 137.3 in 1920. For chronic diseases of the heart the rate increased from 131.0 to 141.9; for cancer, from 80.5 to 83. Some of the other diseases for which the rate increased are whooping-cough, measles, cerebral hemorrhage, congenital debility and malformations, puerperal fever, scarlet fever, and appendicitis. The fatalities caused by automobile accidents and injuries show an increase from 9.4 per 100,000 in 1919 to 10.4 in 1920.

A marked decrease is shown in the death-rate from tuberculosis, which was 114.2 in 1920, as compared with 125.6 in 1919; also in the death-rate from influenza, which decreased to 71.0 in 1920, from 98.8 the year before. The death-rate from suicide declined from 11.4 in 1919 to 10.2 in 1920. There was a decline also in the rate for typhoid fever and in that for accidental drowning.—*Science*, November 4, 1921, Vol. 54, No. 1401.



New York Cleanest of Large Cities.—The Committee of Fourteen in New York City, in its recently published report for 1920, claims New York has less open vice than any of the world's largest cities. Organized in 1905 to secure the suppression of disorderly hotels, the Committee extended its work in 1912 to include all forms of commercialized vice. It was instrumental

in securing an Injunction and Abatement Law, amendments to the Tenement House Law, and amendments to the Code of Criminal Procedure which made prostitution, regardless of where the offense was committed, a violation of the law.

The report emphasizes the necessity for law enforcement and educational measures in the campaign for civic cleanliness. "Without these," it says, "dispensaries and hospitals to deal with venereal disease must be continued indefinitely, if not increased. While the Committee of Fourteen is a law enforcement organization, it works in the closest coöperation with those in the allied educational and medical activities."

The Committee announces its intention to work in 1921 for new legislation on the following lines: First, a law for the licensing of hotels; second, an amendment to secure a more uniform and satisfactory disposition of cases of males charged with solicitation and procuring; and third, an amendment to the appeal procedure from decisions in the magistrate's courts.

The Women's Court established in 1910 has been a distinct aid in dealing with women charged with sexual offenses, claims the Committee, but no similar court exists to hear cases of men charged with solicitations and procuring. "They are tried in the district courts before magistrates who, as a rule, are without special knowledge of the complex problems of commercialized vice."

In 1918 the General Health Law was amended to include provisions for the examination by the Board of Health of all persons suspected of suffering from venereal diseases, persons convicted of prostitution being declared such suspects. These examinations disclose that about 50 per cent of the prostitutes convicted in the Women's Court are suffering from venereal disease in a contagious stage. "This proportion is low as compared with reports of similar examinations in other cities," reports Frederick H. Whitin, secretary of the Committee, "and is due to its being limited to those in an infectious stage of the disease." The magistrates of the Women's Court are coöperating with the Health Department in disposing of these cases so as to assure adequate treatment of the disease.

The total number of prostitution cases in

the Women's Court has varied greatly in different years, the general tendency being downward. This tendency is shown in the figures for the years 1911-1920, there being 5,365 cases in 1911, as against 1,308 in 1920. Increases in 1914-1915 and 1918 are ascribed by Mr. Whitin to "greater police activity under Commissioner Woods" and to "war conditions" respectively.

The steady decrease over the 10-year period, he continues, "corresponds to the improvement of street conditions and is the result of the amendments which have been secured and the enforcement of law by the police and courts."—*Social Hygiene Bulletin*, May, 1921, 3. (D. G.)



Malnutrition.—Malnutrition is defined as a condition of undernourishment or underweight. The method of detecting malnutrition is by frequent (monthly) weighings, and comparing the results obtained with data in standardized tables giving the weights and height for boys and girls at different ages. Children suffering from malnutrition are usually below normal weight and height, and do not gain as rapidly as they should. Such children are pale, dull, and listless. They have dark rings under the eyes. They tire easily, and have no ambition for work or play. Often they fall behind in their studies. They are nervous, fretful and hard to please. They do not, as a rule, eat with relish or sleep soundly. It is estimated that at least 20% of the school population in the United States is suffering from malnutrition.

Among the most important causes of malnutrition the following are given: 1. Lack of sufficient food. 2. Lack of the right kind of foods. 3. Eating irregularly and between meals. 4. Excess of candy, sweets, pastry, etc. 5. Insufficient mastication. 6. Excessive use of tea and coffee. 7. Insufficient sleep. 8. Habitual constipation. 9. Excessive stimulation and emotional excitement. 10. Long and vigorous playing. 11. Overwork in or out of school. 12. Decayed teeth, enlarged or diseased tonsils. 13. Malaria or hookworm.—Taliaferro Clark, M. D., *Public Health Reports*, April 29, 1921. (M. P. H.)

LEGISLATION—FEDERAL

The JOURNAL reproduces the bi-weekly legislative statements issued by the Washington Office of the National Health Council. Copies of these valuable reports can be obtained every two weeks when they are issued, directly from the National Health Council, 411 Eighteenth Street, Washington, D. C. As Congress was in recess from August 24 to September 21, no further reports could be published until the December issue of the JOURNAL. The present installment contains the substance of Statements Nos. 12, 13, 14.

PROGRESS ON MATTERS PREVIOUSLY CONSIDERED

H. R. 7294. Willis-Campbell Anti-Beer Bill. Immediately upon the convening of the Senate on September 21, after its recess, Senator Sterling moved the consideration of the Conference Report on the Willis-Campbell Anti-beer Bill. On September 22, Senator Stanley began a speech, which consumed two legislative days of the Senate, directed entirely against the adoption of the conference report unless it included his amendment, which would prohibit the search of property without a search warrant. This controversy has no bearing on the question of prohibition of the sale of beer upon a physician's prescription, this feature having the endorsement of both houses of Congress, except to delay passage of the bill. After the completion of the speech of Senator Stanley the Tax Revision (Revenue) Bill and the German Peace Treaty obtained precedence in the Senate and the Anti-beer Bill was, therefore, relegated to an inactive status on the calendar. After numerous efforts, however, Senator Sterling, in charge of the conference report, managed to obtain a tacit understanding with the Senate leaders that the Willis-Campbell Conference Report would be permitted to come to a final vote in the Senate after the completion of action on the Tax Revision measure and the German Peace Treaty.

H. R. 8245. A Bill to Reduce and Equalize Taxation (The Revenue Bill). The Tax Bill, which has already passed the House of Representatives, was favorably reported to the Senate by the Committee on Finance on September 21. This bill, as now before the Senate, contains a number of matters of interest to health workers:

Proprietary Medicines: The Treasury Department recommended a four per cent tax

on the manufacturers of proprietary medicines to take the place of the present one per cent stamp tax on such articles. This four per cent tax would apply to the manufacturers of pills, tonics, liniments, salves and all medicinal preparations and compounds (excepting only serums and antitoxins). This proposal, however, was finally stricken out by the Committee on Finance, and as the bill now stands the existing stamp tax on proprietary medicines will be repealed and no tax of any kind will be made upon such articles.

Toilet Articles: Provision, however, is made in the bill for a four per cent manufacturer's tax on toilet articles, such as tooth and mouth-washes, dentifrices, cosmetics, etc. (Sec. 900, No. 22.) Toilet soaps are taxed 3 per cent (Sec. 900, No. 21).

Exemption for Gifts to Institutions: A proposed amendment, which was earnestly advocated by educational, health and charitable organizations, permitting corporations to have an exemption in their income tax returns on gifts and contributions to charitable and educational institutions, failed to meet the approval of the Senate Committee on Finance. The result of this action of the Committee will limit such exemptions to contributions and gifts by individuals within the taxable year. This exemption will be to the extent of 15 per cent of the individual tax payer's net income.

Health and Accident Insurance Exemption: In defining "Gross Income" (Sec. 213) the bill states that amounts received, through accident or health insurance or under workmen's compensation acts, as compensation for personal injuries or sickness, plus the amount of any damages received whether by suit or agreement on account of such injuries or sickness, shall be exempt from taxation, as not included in the gross income.

Life Insurance Companies Taxed: Domestic and foreign life insurance companies are taxed 15 per cent of their net income (Sec. 243).

Drugs (Opium, coca, etc.): Section 1004 reenacts section 1 of the act concerning opium and coca leaves, approved December 17, 1914, as amended by section 1006 of the Revenue Act of 1918. This act requires physicians, dentists, veterinary surgeons and other practitioners lawfully entitled to distribute these drugs to register and pay a fee of \$3.00 per annum. The drugs must be used only for legitimate medical purposes and a record kept of their use.

Child Labor Taxed: Section 1200 puts a tax of 10 per cent of the entire net profits per annum on any mine, quarry, mill, cannery, workshop, factory, or manufacturing establishment which employs children under sixteen years of age, or where children under fourteen have been employed, or where children between fourteen and sixteen have worked more than eight hours a day or more than six days a week, or after the hours of seven p. m. or before six a. m.

A. 2547. Amendment to Veterans' Bureau Act. Introduced by Senator Robinson, October 5, 1921. Referred to Committee on Finance. This amendment would add a new paragraph to Section 19 of the Veterans' Bureau Act of August 9, 1921. It provides that when a beneficiary has been rated by the Public Health Service or War Risk Insurance Bureau as permanently or totally disabled, or has been or may be rated as temporarily disabled and has been continuously so for six months, as found by competent medical authority, so that he can not successfully follow any gainful occupation, such beneficiary shall be adjudged as totally disabled and entitled to all benefits under the compensation acts.

S. Res. 93. Investigation of Veteran Care. The Senate Committee, headed by Senator Sutherland and including Senators Walsh (Mass.), Calder, Weller, and Pomerene, issued its second report on October 30, 1921 (Report No. 233, part 2). Among specific recommendations were: The appropriation of \$16,400,000 for hospitals; transfer of all government hospitals, including soldier homes not needed by the Army or Navy, to the Veterans' Bureau; creation of a chaplain corps for service in hospitals and training centers; provision of cemeteries at soldiers' hospitals; interment of veteran dead; standardization of training, permitting the applicant to select as far as possible his own vocation; extension of existing insurance to \$10,000 for each policy-holder if he wants it, and extension of insurance and compensation privilege to Americans who served in allied forces.

Cancellation of contracts with state, municipal and private hospitals which were not in existence April 1, 1917, and with all similar institutions which after inspection are found unsuitable was recommended as one administrative reform. Others under this head included issuance of rules and regulations for

the maintenance of order and discipline; frequent and thorough inspection of hospitals and training centers; elimination of politics from appointments; and establishment of additional vocational centers at institutions where mental and tubercular patients are under treatment.

T. D. 3239. Regulations for Medicinal Use of Malt Liquors and Wines. These regulations were issued on October 24, 1921, by D. H. Blair, Commissioner of Internal Revenue of the Treasury Department, with the approval of Secretary Mellon. They had previously been prepared but held up, as it was thought that the Willis-Campbell Anti-Beer Bill (H. R. 7294, S. 2116) (see Statements No. 8, p. 4; No. 9, p. 4; No. 10, p. 8; No. 11, p. 2; No. 12, p. 2) would be finally passed, so that there would be no necessity for these regulations. The bill has passed both branches of Congress, but disagreement has arisen over the conference report, and the bill has been put over until the Senate takes action on the Tax Revision measure.

The first portion of the new regulations deals with the manufacture of intoxicating malt liquors, such as beer, ale, porter, malt extracts and similar fermented malt liquors containing one-half of one per cent or more alcohol. It is required that these liquors can be manufactured for medicinal purposes only by a duly qualified brewer, who must first obtain a permit upon deposit of bond. The liquors can be sold by the brewer only in bottles and closed cases. Another permit must be obtained for the bottling house. The bottles must be adequately labelled and also carry a statement "For medicinal purposes only. Sale or use for other purposes will cause heavy penalties to be inflicted." The case must likewise be labelled.

The requirements for physicians who prescribe such liquor may be summarized in the order they are given, as follows:—

a. Prescriptions for these medicines may be filled only by a licensed pharmacist who is also a retail druggist, or a licensed pharmacist in the employ of a retail druggist. The name of the druggist must appear on the prescription.

b. Prescriptions are not refillable and must be cancelled after use. The regulations declare that a pharmacist should refuse to fill any prescription for liquor if he has any reason to believe that physicians are prescribing for other than medicinal uses, or that a patient is securing through one or more physicians quantities

of intoxicating liquor in excess of the amount necessary for medicinal purposes. Physicians can not prescribe for their own personal use.

c. A label must be affixed to the container of liquor sold on a physician's prescription, giving names of physician, patient, and druggist, kind and quantity of liquor, and directions for use.

d. The right to prescribe distilled spirits, wines and malt liquors for medicinal purposes is confined to such physicians as have obtained permits. Such a physician may prescribe for a person upon whom he is in attendance, if after a physical examination of such person, or if physical examination is impractical, upon the best information obtainable, the physician believes that the internal or external use of such liquor as a medicine by such person is necessary and will afford relief to him from some known ailment.

e. No greater quantity of intoxicating liquor than is necessary for use as a medicine by a person can be prescribed in the treatment of an ailment from which such patient is known by the physician to be suffering.

f. Spirituous liquors are limited to one pint within any ten days' period. Alcohol for external use is limited to one pint for the same person at one time.

g. Two quarts of wine is the limit put upon a single prescription for that beverage, but otherwise the regulations are the same as for beer.

h. The amount of beer a physician may prescribe at one time for the use of the same person is $2\frac{1}{2}$ gallons, but no arbitrary limit is placed upon the number of prescriptions a physician may write or the same person may obtain within a given period.

i. Separate prescriptions shall be used for spirituous liquors, wines and malt liquors.

The only states which do not have laws prohibiting the use of wine and beer as medicines and so are affected by these regulations are Wisconsin, Missouri, California, Connecticut, Massachusetts, New Jersey, New York, Rhode Island, and part of Louisiana and Maryland.

Senator Wadsworth of New York has introduced an amendment to the revenue bill now before the Senate, levying a tax of 60 cents per gallon on beer, \$1.20 per gallon on wine, and \$6.40 a gallon on distilled spirits. The Senator takes the stand that since the sale of these beverages for medicinal purposes is to be per-

mitted under the law, the government should be able to derive a substantial income in the way of taxes upon them.

H. R. 7369. Pollution of Navigable Waters of the United States by Oil or Other Refuse Matter. (Hearings.) On October 29, a hearing was held by the Committee on Rivers and Harbors of the House of Representatives on this measure, which was introduced on June 24, 1921. This bill would make it unlawful to discharge oil or other refuse matter into any navigable waters from any ship or floating craft.

Statements were made by a large number of witnesses that fuel oil and refuse matter are thrown from ships entering New York Harbor and that this fuel oil sinks to a considerable depth in the ocean, is washed up on the Jersey coast, destroys fish in enormous quantities, imperils the oyster and clam industry and pollutes the beaches to such a degree that bathing becomes unsanitary, and that the value of real estate on the northern New Jersey Coast is seriously depreciated. The witnesses included representatives of New Jersey shore and fisheries interests, and of commercial oil and chemical concerns.

H. R. 8783. Forbidding Deposit of Noxious Acids and Acid Materials in Navigable Streams. Introduced by Mr. Rosenbloom of West Virginia, October 20, 1921. Referred to the Committee on Rivers and Harbors. The bill is an amendment to the Rivers and Harbors Act. For the purpose of preserving the public health it forbids the deposit of acid or acid waste or any material which will become acid after being in the water. It is aimed chiefly at the dumping of refuse from active and abandoned mines and factories which are engaged in manufacturing enterprises using acids as products.

H. R. 7746. Regulations for Sale of Milk in the District of Columbia. (Hearings.) Charges that a large portion, if not all, of 7,000 gallons of milk diverted from Washington distributors on October 21, the day on which a milk war was started in the District, was thrown into the sewers by the Maryland-Virginia Milk Producers Association were made by Charles W. Darr and M. E. O'Brien, representing distributors of 65 per cent of the milk consumed in Washington, before a subcommittee of the House District Committee on October 31, 1921.

Mr. Darr told the subcommittee that on ac-

count of the destruction of a large part of this diverted supply of milk the law of supply and demand was not operative to reduce the cost to consumers in the District. The question was raised as to whether the people of the District wanted tuberculin-tested milk as required by regulations of the District health office or whether they would be satisfied with pasteurized milk which the attorney for the distributors said was sufficient in Baltimore, Philadelphia, Harrisburg and other big cities, and which they claimed Dr. Wiley and other scientists had testified was sufficient protection for the consumer. Mr. O'Brien suggested that two standards of milk should be allowed to enter the District market, one tuberculin-tested, for those who are willing to pay the higher price, and pasteurized milk for those who are satisfied that pasteurization is a sufficient protection. In reply to a question from Representative Millsbaugh, Mr. O'Brien said he believed that if these two kinds of milk were allowed to come into the District, it would mean a reduction of $2\frac{1}{2}$ to 4 cents a quart on all the milk because he believed the producers in near-by territory who are now members of the Maryland-Virginia Producers Association would be forced to cut the price on their tuberculin-tested milk to meet the open competition.

S. 1588. Prevention of Venereal Diseases in the District of Columbia; S. 1616. Repression of Prostitution in the District of Columbia. Hearings on these two bills were held by the Senate Committee on the District of Columbia on October 13 and again on October 20. S. 1588 requires reporting of venereal diseases to the health officer and provides for measures for their discovery and to prevent their spread. (See Statement No. 2, p. 18, for outline of similar House bill and Statement No. 7, p. 5, for House hearings.) S. 1616 makes it unlawful to maintain houses of ill fame or to engage in or abet prostitution.

On October 13, the witnesses included Chief Justice W. I. McCoy of the Supreme Court of the District of Columbia and Judge R. Hardison of the Police Court, both of whom severely criticized alley conditions in Washington.

Mrs. Mina Van Winkle, lieutenant of the Woman's Bureau of the Police Department, said that during the three years the Woman's Bureau had been in operation it was found that some 3,000 girls, who had been brought in

as offenders against the law, had also offended against sex. She urged the necessity of broader and more stringent laws to enable the authorities to protect these girls and to keep them from becoming prostitutes.

Major R. W. Gessford, Superintendent of Police, said that in the interest of public health, the law should be amended so as to enable the police to take up persons known to be afflicted with venereal diseases and see that they receive treatment.

Dr. Valeria Parker, of the Interdepartmental Social Hygiene Board, urged that action be taken to protect government workers from the results of social crimes.

Bascom Johnson of the American Social Hygiene Association testified that the District of Columbia was far behind the states in the matters of laws controlling offenses against social hygiene.

Other witnesses included the surgeon in charge at Walter Reed Hospital, representatives of the Navy medical corps, the Public Health Service and the District Attorney's office.

On October 20, alley conditions were again criticized by spokesmen for the Emergency Housing Association, including W. D. Mahoney, secretary, and the Reverend J. M. Waldron, colored.

Dr. W. A. White, superintendent of St. Elizabeth's Hospital discussed paresis and social hygiene; Dr. G. M. Kober of the local Social Hygiene Society urged a system of notification; Rev. Father John Cooper discussed the moral phase of the problem.

Other witnesses included David Robinson and F. J. Hepbrun of the Public Health Service; Mrs. Howard L. Hodgkins, member of the Board of Education; Mrs. J. A. Griffith, superintendent of the National Training School for Girls, and Mrs. Whitman Cross, representing many local welfare organizations. Dr. Francis Munson spoke on behalf of the local Health Department.

S. 2597. To Improve Alley Conditions in the District of Columbia. Introduced by Senator Ball, October 18, 1921. Referred to Committee on the District of Columbia.

NEW LEGISLATION

(MATTERS NOT PREVIOUSLY CONSIDERED)

H. R. 8527. Amendment of Act Creating Veterans' Bureau. Introduced by Mr. Parks

of Arkansas, October 7, 1921. Referred to the Committee on Interstate and Foreign Commerce. This proposed act is an amendment to the Veterans' Bureau Act, the principal changes from the original law being the extension of full powers to the regional offices of the bureau to hear complaints of ex-service men, award compensations, grant medical, surgical, dental and hospital care, convalescent care and make insurance awards. The bill provides that the action of these regional offices shall be final, except in cases where the claimants are aggrieved. Then only can an appeal be taken to the central office at Washington. The regional offices may also delegate to their sub-offices such powers as they see fit. By the provisions of the bill, a regional office would be established in each state, and sub-offices not to exceed 140 in number.

S. 2458. \$5,000,000 Hospital for Veterans Suffering from Nervous or Mental Diseases. Introduced by Senator Stanley of Kentucky, September 21, 1921. Referred to the Committee on Finance. This measure appropriates \$5,000,000 for the purchase, construction or acquisition by the Director of the Veterans' Bureau of a new hospital to be used for the treatment of ex-service men suffering with nervous or mental diseases. A provision suggests that the proposed hospital be located in the District of Columbia, but this site is not mandatory, so that it is possible to locate the hospital anywhere in the United States. Immediately after the introduction of the bill in the Senate an agitation was started to have the hospital, provided the measure succeeded in passage, placed in the District of Columbia. Director Forbes of the Veterans' Bureau issued a public statement in which he declared that he favored the location of the hospital in the City of Washington or in close proximity to the national capital.

H. R. 8791. Appropriation of \$16,000,000 for Construction of New Hospitals for Veterans. Introduced by Mr. Langley October 21, 1921. Referred to the Committee on Public Buildings and Grounds. After many consultations with Director Forbes of the U. S. Veterans' Bureau, officials of the Treasury Department, and American Legion officers, Representative Langley, chairman of the House Committee on Public Buildings and Grounds, introduced in Congress this measure which, it is claimed, will furnish sufficient hospital facilities for the care and treatment of disabled ex-service men of

the World War for an indefinite time in the future. The bill carries an appropriation of \$16,000,000 to be used for the construction of new hospitals, and the improvement of institutions already owned by the government, the expenditures to be made at the discretion of the Director of the U. S. Veterans' Bureau. A provision in the bill stipulates that \$500,000 of the total sum shall be used for extending the facilities of the U. S. Public Health Service Hospital, Number 32, located in Washington, District of Columbia. This appropriation makes a total of \$34,600,000 appropriated for hospital facilities, the sum of \$18,600,000 being carried in a bill passed at the last session of Congress.

H. Res. 195. Investigation of Consultant Board for Selections of Sites for Hospitals. Introduced by Mr. Fitzgerald of Ohio, October 10, 1921. Referred to the Committee on Rules. This resolution provides for the appointment of five members of the House to investigate at once the actions of the Consultant Board or other assistants appointed by Secretary of the Treasury Mellon for selection, purchase and location of sites for new hospitals and improvement of former hospitals with the \$18,600,000 appropriated by Congress at its last session. All facts in connection with the activities of this Board are included in the questions to be investigated. The members of this Board comprise several leading physicians of the country, selected by Secretary Mellon, including Dr. W. C. White of Pittsburgh, chairman, Dr. Frank Billings of Chicago, Chancellor John G. Bowman of Pittsburgh, and Dr. George H. Kirby of New York. The consultant hospitalization board up to this time has recommended the expenditure of half of the \$18,600,000 on the construction of additions to hospitals already owned by the government.

H. R. 8566. To Recognize and Promote Efficiency of the United States Public Health Service. Introduced by Mr. Dyer, October 10, 1921. Referred to Committee on Interstate and Foreign Commerce. The bill provides that not to exceed five hundred and fifty officers of the Reserve Corps of the Public Health Service, including fifty dental surgeons and fifty scientists other than medical officers, may be transferred to and commissioned in the regular corps of commissioned officers of the Public Health Service by the President and by and with the advice and consent of the Senate in the grades of assis-

tant surgeon, past assistant surgeon, surgeon, senior surgeon, and Assistant Surgeon General. (Hereafter Assistant Surgeon Generals shall be known and designated as medical directors.)

In order to be commissioned or promoted, an examination must be taken as follows: from assistant surgeon to past assistant surgeon after three years' service; from past assistant surgeon to surgeon after twelve years' service; from surgeon to senior surgeon after twenty years' service; from senior surgeon to medical director after twenty-six years' service.

No officer will be transferred from the reserve to the regular list unless he has had at least three years' satisfactory service in the Army, Navy, or Public Health Service, part of that time during the war. Persons not having had such service may only be commissioned as assistant surgeons. The same pay and allowances as previously in force are provided for.

The Surgeon General would be appointed for four years from among the commissioned personnel, who had had not less than twelve years' service, by the President with the consent of the Senate. If the Surgeon General is not re-appointed at the end of his term, he becomes a medical director.

Seven professors in the Hygienic Laboratory are provided by the bill. They may be appointed to any grade below that of Surgeon General. They need not have had previous service, but must pass an examination.

The bill provides that there shall be in the United States Public Health Service a corps of nurses, dietitians, and reconstruction aids. This corps shall consist of (1) one superintendent of nurses, one superintendent of dietitians, one superintendent of reconstruction aids; (2) assistant superintendents of nurses, assistant superintendents of dietitians, assistant superintendents of reconstruction aids; (3) chief nurses, chief dietitians, chief reconstruction aids; (4) assistant chief nurses, assistant chief dietitians, assistant chief reconstruction aids; (5) head nurses, head dietitians, head reconstruction aids; (6) nurses, dietitians, reconstruction aids; (7) student nurses, student dietitians, student reconstruction aids, as from time to time may be needed and prescribed by the Secretary of the Treasury. Original appointments shall be made by the Secretary of the Treasury upon recommenda-

tion of the Surgeon General, under rules prescribed by the Civil Service Commission.

Regulations for Narcotic Drugs. The Commissioner of Internal Revenue has issued under date of October 19, 1921, new regulations for the enforcement of the Harrison narcotic law. These rules permit a physician, acting in accordance with proper medical practice, to prescribe or dispense narcotics for the relief of acute pain or for any acute condition. This may be done without reference to the question of drug addiction. Narcotics may also be prescribed for treatment of incurable diseases, provided (1) the patients are personally attended by the physician, (2) that he regulate the dosage, and (3) that he prescribe no quantity greater than that ordinarily recommended by members of his profession to be sufficient for proper treatment of a given case. Mere drug addiction is not considered as an incurable disease, but those suffering from infirmity or old age, who are confirmed addicts of years' standing and who, in the opinion of the physician, require a minimum amount of narcotics to sustain life may be considered in the incurable class. Ordinary addicts must be treated in accordance with the usual experience of the medical profession. The drug must not be placed in the addict's possession, nor the treatment extend over thirty days for a patient not confined in a proper institution.

H. R. 8794. Discontinuance of the Use of Alleys of District of Columbia for Dwelling Purposes. Introduced by Mr. Focht by request of District Commissioners, October 21, 1921, and referred to the Committee on the District of Columbia.

S. 2601. Introduced by Senator Myers, October 14, 1921, and referred to the Committee on the District of Columbia.

These two measures, both designed to prevent the use of the alleys of the District of Columbia in order to safeguard the public health, were presented to Congress after a similar measure had been already introduced by Senator Ball (S. 2597). All are amendments to acts already on the Statute Books dealing with public health of the City of Washington, D. C.

Quarantine of Live Stock. In order to prevent the spread of rinderpest, surra, foot and mouth disease, contagious pleuro-pneumonia and other animal diseases, many of which are dangerous to man, the Department of Agri-

culture now requires that anyone who wishes to import cattle, sheep, goats, swine, or other animals from any country, except Canada or Mexico, must first obtain from the Secretary of Agriculture a permit, to be presented to the American consul at the port from which the animals will be shipped. No permits are issued for shipment from countries where these diseases are prevalent.



STATE HEALTH NOTES— GENERAL

Illinois.—In view of the fact that Illinois now stands alone among Northern states east of the Mississippi that have not qualified for the United States Birth Registration Area, the State Department of Public Health is planning to carry out a drive for securing complete birth reports. To this end Director of Public Health Rawlings recently held a conference with the State Registrar of Vital Statistics and an official from the Federal Bureau of the Census to outline a campaign. From information reviewed at this conference it appears that twenty-nine counties out of the 102 in the state, and fifteen of the more populous cities are now largely responsible for the delayed and incomplete reports that keep Illinois ineligible for the Area. The best of these counties and cities are 20 per cent deficient in their birth reports, while the worst are more than 40 per cent deficient. In the campaign every possible means will be employed to obtain the coöperation of physicians and others in securing prompt and complete reports, but when these methods fail to bring results the offenders against the law will be prosecuted.

The popularity of the health exhibits owned by the State Department of Public Health continues to find expression in requests for their use in connection with prominent events throughout Illinois. Since July 1 they have been displayed at the "Pageant of Progress" in Chicago, the State Fair in Springfield, and at eight county and local fairs. In addition to this, a special exhibition was given at the University of Urbana in connection with the annual meetings of the Better Community Conference, the Illinois Tuberculosis Association and the State Library Association, and at Rockford in connection with a local "Pageant of Progress." It is estimated that a total of

between two and three million people saw the exhibits on these occasions.



Indiana.—The Indiana State Board of Health instituted a new division of the Board October 1, known as the Housing Division. The director is W. F. Sharpe, an architect of reputation. He is assisted by Albert E. Wert, who has had experience in housing work in New York City. This is the fourteenth division attached to the Indiana State Board of Health. Tenement house surveys will be made in the large cities as rapidly as possible and exact conditions reported. All plans and specifications made by architects for hotels, lodging houses and tenements must be submitted to the State Board of Health for approval.



Michigan.—According to records of the State Department of Health, the average length of life in Michigan in 1872 was 24.1 years, while the average length of life now is approximately 41.6 years—a gain of 17.5 years. In 1872, 42 per cent of all deaths occurred among children less than five years of age, and 50 per cent of all deaths occurred before the age of 14. In 1919 only 23 per cent of the total number of deaths was among children under five, and 50 per cent of the total was not reached before the age of 42.

One divorce for every six marriages is Michigan's matrimonial story for the years 1918 and 1919, as recorded by the Division of Vital Statistics of the State Department of Health.



New York.—The Teachers Union of New York City is making a study of physical conditions in New York City schools based upon reports by members in 61 school buildings. The study is not being made to discredit any municipal or educational official, or to promote the political interests of any individual. The Union is not a political organization, and is interested merely in raising the standards of civic life in the particular branch of work in which the members give their service. Reports are to be published on cleanliness, drinking water and lunch rooms, noise, ventilation and heating, lighting, general conditions, and recommendations for improvement.

Oklahoma.—The accompanying cut, reprinted from the *Oklahoma News* of August 13, 1921, is one of a series of advertisements dedicated by the First National Bank of Oklahoma City to civic organizations doing a real service for the community. In its attitude on the problem of good health and its tribute to the work of the Oklahoma Public Health Association the advertisement is both unusual and gratifying.

To the
**OKLAHOMA PUBLIC
HEALTH ASSOCIATION**

One of the greatest assets of an individual, city or nation is health. If a man has health he also has happiness and prosperity, for those two precious possessions depend very largely upon his physical condition. The sick man is only partly efficient, and almost wholly miserable.

**The Modern Health
Crusade**

Here is a tribute to you, then, for the work you are doing in promoting health in Oklahoma. You deserve a compliment for the aggressive manner in which you are waging war on tuberculosis and other diseases.

We like also the Modern Health Crusade which you have instituted among the public schools of the state. By teaching the principles of hygiene and sanitation to children you are striking a blow at misery among the next generation.

Insofar as you are eliminating disease, you are promoting the welfare not only of the individual, but of the community as a whole. The First National Bank wishes you continued success.

One of a series of advertisements dedicated to Oklahoma City Civic Organizations in recognition of their unselfish services to the community.

1889  1921

OLDEST STRONGEST

FIRST

NATIONAL BANK

OKLAHOMA CITY

Minnesota.—A series of public-health meetings was held at the University of Minnesota, Minneapolis, on November 3, 4, and 5, under the auspices of the State Sanitary Conference, and a number of allied organizations.

The Minnesota State Sanitary Conference has in the past been limited largely to medical health officers who met at the call of the State Board of Health in accordance with the provision of law providing for such an annual conference. This year a combined meeting was arranged which included voluntary organizations and all state departments which are in any way concerned with public-health problems. Both the nature of the program, the attendance and the interest manifested by all of the groups concerned, indicate that this meeting was the most important conference on public health that has ever been held in Minnesota.

The agencies participating included: United States Public Health Service, American Red Cross, University of Minnesota, State Board of Health, State Board of Control, State Advisory Commission for Tuberculosis, State Dairy and Food Department, State Live Stock Sanitary Board, State Sanitary Conference, Minnesota Public Health Association, and American Waterworks Association.



Wisconsin.—Dr. H. B. Sears of Beaver Dam has been appointed deputy state health officer for the Northwest Wisconsin District, with headquarters at Eau Claire. He succeeds Dr. V. A. Gudex, who has been assigned to the state office in Madison for work in the Bureau of Communicable Diseases.

Miss Theta C. Mead of Merrill has been named as a state supervising nurse under the Bureau of Child Welfare and Public Health Nursing of the State Board of Health, for duty in the northern half of the state. Miss Mead was formerly county nurse for Lincoln County, and for a time was supervisor of public-health nurses in Hennepin County, Minnesota. The southern half of the state will be covered by Miss Nellie Van Kooy, the first supervising nurse.

As a cause of death, cancer outstripped all other causes of death in Wisconsin in the third quarter of 1921, with 630 such deaths reported. The death-rate for the state remained at 10 per 1,000 population. Wisconsin's cancer mortality during 1920 was slightly higher than the Registration Area's, being 84.9 as compared with 83 for the Area. In tuberculosis mortality the Area had a rate of 114.2, while Wisconsin's was down to 84.2.